



Olentangy Liberty Middle School
7940 Liberty Road N
Powell, OH 43065
T: 740.657.4400

February 2022

Parents/Guardians of 8th graders going to Washington D.C.:

Enclosed are the incredibly important forms for the D.C. Trip. Most of which concern any medications your child may be bringing on the trip. Please read this carefully and complete the necessary forms. Some of these forms you may have on file at school; however, they need to be completed specifically for the D.C. Trip.

There are two forms included in this packet:

1. The Non-Prescription Medication form needs to be completed if your child is going to have any non-prescription (OTC) medication with him/her on the trip. We do suggest adding any OTC medications that your child may commonly use to the list. If your child has a headache or if their seasonal allergies are bothering them, it is simpler for them if they can treat this immediately. This medication can be packed in your child's luggage, but it must be in the original packaging with dosing directions. Please don't send them with the entire bottle. Only send them what they may need for a 5 day trip.
2. The Physicians Medication form is for prescription medication. It needs to be completed by your child's physician, signed by you, and turned in by **March 25**. **All prescription medication must be dropped off to the school on May 9 or May 10 in its original packaging.** No prescription medication can be brought the day of the trip. If your child is going to be allowed to carry and self-administer this medication (including inhalers and Epipens), that must be stated by the physician in "Special Instructions." Please arrange with the clinic if any of your child's medication that is already here at school will be needed for the trip. Medications cannot be dropped off until the forms have been received. Bring only the specific amount of medication your child will need for the trip. Doctor's medication and dosage order on the form must match the prescription bottle. Typically, parents give morning medications to students before they leave for the trip.

All forms must be completed and returned to school by Friday, March 25th, 2022.

Sincerely,

Amy Beal amy_beal@olsd.us

Margaret Racette margaret_racette@olsd.us

Medication for Washington D.C. Trip 2022

If your child needs to carry and self-administer a prescription medication (including EpiPens and inhalers), please complete the following steps:

1. Have your doctor complete the Physician's Medication Procedure Request Form. The doctor MUST write on the form under "Special Instructions" to indicate that the student may "carry and self-administer" his/her medication.
2. Parents need to complete and sign page #2 titled Parent's Medication Procedure Request Form.
3. The student should bring this medication with them in its original container the morning he/she leaves for D.C. Please notify the bus chaperone the student has this medication. They should have only enough for the week of the trip.

If your child needs to have staff administer medication during the trip, please complete the following steps:

1. Have your doctor complete the Physician's Medication Procedure Request Form.

Parents need to complete and sign page #2 titled Parent's Medication Procedure Request Form.

2. Parents must drop off any medication that will be administered by a staff member to the clinic before the trip. Please have medication in its original container and in a ziplock baggie with your student's name and bus number written on the front.

If you want your child to carry and self-administer an over the counter medication, please complete the following steps:

1. Parents complete the Parent's Non-Prescription Medication Form. The student should bring this medication with them the morning he/she leaves for DC. Please notify the bus chaperone the student has this medication and send only what is needed for the trip.

If your child has medication kept in the clinic and/or self-carries during the school year, please call the Clinic at 740-657-4425 to make arrangements.

If your child has special medical needs, please call Amy Kinkead, RN, School Nurse, at 740-657-4425 to discuss.



PHYSICIAN'S MEDICATION PROCEDURE REQUEST FORM

TO BE COMPLETED BY THE PHYSICIAN

Child's Name _____ Birth Date _____

Child's Address _____

Diagnosis _____

Medication _____

Dosage or Procedure Required _____

Time Required _____

Can a morning dose be given if forgotten at home? _____

What is the morning dose? _____

Should afternoon dose be adjusted? _____ New Time _____

Possible adverse reactions, which should be reported to the parent and physician:

Special instructions for administration (including students carrying own meds):

Date when administration of medication or procedure is to begin: _____

Date when administration of medication or procedure is to end: _____

Physician's Signature: _____

Physician's Name: _____

Physician's Address: _____

Physician's Telephone Number: _____ Physician's Fax Number: _____



PARENT'S MEDICATION PROCEDURE REQUEST FORM

Student's Name _____ Grade Level _____

As a parent or legal guardian of the above named child, my signature below authorizes school personnel to administer the medication as instructed by the physician. I understand that a trained staff member administering the medication might not be a health professional.

1. I will deliver the medication to the clinic staff in its original container.
2. I will notify the clinic staff immediately if there is any change in the use of this medication or the prescribed treatment.
3. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for the damages or injury resulting directly or indirectly from this authorization.
4. I agree that school officials are authorized to contact the physician on matters relating to the medication.
5. I agree that this form is in effect for the duration of the current school year unless stated below.
6. I have read the above statements and agree to them.

Parent's Signature(s)

Date Signed

Principal's Signature

Date Signed



PARENT'S NON-PRESCRIPTION MEDICATION REQUEST FORM (Grades 6-12 only)

Student's Name _____ Grade Level _____

As a parent or legal guardian of the above named child, I am requesting that he/she be allowed to carry and self-administer an over-the-counter medication.

1. I have instructed the student as to the proper use of this medication.
2. I understand that students are not permitted to possess or carry more than a one-day supply of any over-the-counter medication.
3. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for the damages or injury resulting directly or indirectly from this authorization.
4. I agree that this form is in effect for the duration of the current school year unless stated below.

Dates medication to be taken

Name of over-the-counter medication

Parent's Signature(s)

Date Signed